

EXHIBIT 10

EXAMINING THE GROWING PROBLEMS OF PRESCRIPTION DRUG AND HEROIN ABUSE

HEARING BEFORE THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS OF THE COMMITTEE ON ENERGY AND COMMERCE HOUSE OF REPRESENTATIVES ONE HUNDRED THIRTEENTH CONGRESS

SECOND SESSION

APRIL 29, 2014

Serial No. 113-140



Printed for the use of the Committee on Energy and Commerce
energycommerce.house.gov

U.S. GOVERNMENT PUBLISHING OFFICE

90-923

WASHINGTON : 2015

For sale by the Superintendent of Documents, U.S. Government Publishing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512-1800; DC area (202) 512-1800
Fax: (202) 512-2104 Mail: Stop IDCC, Washington, DC 20402-0001

Mr. BURGESS. The gentleman yields back. I thank the gentleman for his testimony.

We will now hear from the members for questions, 5 minutes for each member.

I will begin.

Well, Mr. Rannazzisi, you just gave some rather startling statistics. Mr. Botticelli, you said in your testimony we can't arrest our way out of this problem. So let me just ask you, from a federal perspective, we have put a lot of money and a lot of effort on behalf of taxpayers into this, what is it about this that is not working?

Mr. Botticelli, we will start with you, and maybe we can just go down the line and just answer the question, how has this become the problem that it is?

Mr. BOTTICELLI. Sure. I think a number of my Federal panelists have articulated some of the problems, and I think, first and foremost, a lot of this issue is driven by the vast overprescribing of prescription pain medication. A recent report by the GAO showed that the vast majority of physicians get little to no training in substance use disorders and little to no training in safe opioid prescribing. And a part of our—

Mr. BURGESS. Let me stop you there because this is not a new problem. I mean this was a problem 40 years ago when I was in medical school, and I would disagree with the statement that we got no training, but OK, the training may not be adequate to the scope of the problem, but honestly, can we say that this is something that just happened to us, and we were completely unaware that this was an issue? I mean how could you possibly make a statement like that?

Mr. BOTTICELLI. I think part of what the balance has been, and I think it has been out of kilter, is that physicians, quite honestly, were pushed in terms of making sure that we adequately treated pain in the United States. And we absolutely need to make sure that we do that. I think we need to have a balanced strategy that understands the tremendous addiction potential of these drugs, the risky patients that we have before us in terms of who should be prescribed prescription medication, as well as monitoring those who are developing a problem.

So I do think that this is a balanced approach in terms of both making sure that we are adequately treating pain, but we are also not inadvertently creating a problem by overprescribing these medications to people who are developing a problem, or who are at risk.

Mr. BURGESS. I don't want to put words in his mouth, but Mr. Rannazzisi seemed to imply that we are overprescribing. Is that a fair assessment of your testimony?

Mr. RANNAZZISI. I think that if you are talking about 99.5 percent of the prescribers, no, they are not overprescribing, but our focus is in rogue pain clinics and rogue doctors who are overprescribing. Actually, they are prescribing illegally, they are not overprescribing, they are illegally prescribing.

So, yes, if you are considering that overprescribing, yes.

Mr. BURGESS. Well, that is your job. You are law enforcement, so you get to close them down, right?